

Two Penn Center Plaza
Suite 200
Philadelphia, PA 19102-1706
Voice: (215) 854-6396
Fax: (215) 561-0356

Law Offices of
Ethan D. Civan

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Please see attached Supplemental Amendment.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/058,917
	Filing Date	January 25, 2002
	First Named Inventor	Raj Chakrabarti
	Art Unit	1637
	Examiner Name	Jezla Riley
Total Number of Pages in This Submission	11	Attorney Docket Number PU-0034


ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ethan D. Civan		
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Application No. : 10/056,917
Applicant : Raj Chakrabarti
Filed : January 25, 2002
Art Unit : 1637
Examiner : Jezia Riley
Docket No. : PU-0034

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Dear Sir or Madam:

please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this Amendment.

Remarks begin on page 9 of this Amendment.

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Certificate of Transmission under 37 CFR 1.8For amendment in application Serial number 10/056,917
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